ORIGINAL

CERTIFICATE OF NEED PROGRAM

DEC 2 3 2009

RECEIVED

Country Meadow Retirement Home

#4457 RS

Add 10 RCF beds



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

		· · · · · · · · · · · · · · · · · · ·
(must match the Letter of Intent for this project		DOODAAA
1. Project Location (attach additional pages as necessary to identify multip	le project sites.)	NUNAW
Country Meadow Retirement Home 10 Bed addition Project Address (Street/City/State/Zip Code)	DEC 2 3 2009	Project Number 4457 PS
1914 State Hwy mm Niangua mo 65713	RECEIVED	Webster
2. Applicant Identification (Information must agree with previously s	ubmitted Letter of Intent)	1
List All Owner(s): (list corporate entity) Address (Street/City/State/Z	(ip Code)	Telephone Number
Marvie C. Woodworth 184 State Huy mm Nianguar	MO 65713	417-473-6492
List All Operator(s): (list entity to be licensed or certified) Address (Street/City/State/	Zip Code)	Telephone Number
Minuie (Woodworth 184 State Hus MM Niewsus M	0 65713	417-473-6492
Finally & Worldworth 1945 getlewwood Somsfield A	10-65809	417-473-6492 417-832-1998
3. Ownership (Check applicable category)		·
Nonprofit Corporation Individual City	Dist	riet ·
Partnership Corporation Coun	nty 🔲 Othe	er:
4. Certification:		
In submitting this project application, the applicant understand	s that	
 (A) The review will be made as to the community need for the application; (B) In determining community need, the Missouri Health Fact will consider all similar beds or equipment within the ser (C) The issuance of a Certificate of Need (CON) by the Community Rules and CON statute; (D) A CON shall be subject to forfeiture for failure to incur as project six (6) months after the date of issuance, unless of for an additional six (6) months; (E) Notification will be provided to the CON Program staff if a CON, if issued, may not be transferred, relocated, or many Committee. 	e proposed beds or e cilities Review Comm vice area; ittee depends on cor n expenditure on an obligated or extended	nittee (Committee) nformance with its y approved d by the Committee
We certify the information and data in this application as accura and belief by our representative's signature below:		•
5. Authorized Contact Person (attach a Contact Person Correction For	m if different from the Letter o	f Intent)
Titi Typothy T. Woodworth Advantage of Contact Person Titi Typothy T. Woodworth	st. Manager	
117-473-6740 WORK Cell Fax Number 417-473-6740 417-827-4210 417-473-9927	E-mail Address	· Cyahoo, Com
Signature of Chitago Person	Date of Signature	- Julius Core
O 580-1861 (1/106/)	10/01/01	



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration C		
Project Name	completed for each project repre	sented)
Country Meadow Retirement Home	10 Bed addition	Number
(Please typ	pe or print legibly)	
Name of Representative	Title	
Timothy J Modworth Firm/Corporation/Association of Representation	ASS+, 1	Nauger
Firm/Corporation/Association of Representative (may be different from b	pelow, e.g., law firm, consultant, other)	Telephone Number
Address (Street/City/State/Zip Code)		417-473-6740
194 State Hwy MM		
Niangua MO 65713		
Who's interests are being represented?		
(If more than one, submit a separate Representative Name of Individual/Agency/Corporation/Organization being Represented	Registration Form for each.)	
Minnie C Woodwarth		Telephone Number
		417-473-6740
Address (Street/City/State/Zip Code) 184 State Hwy MM		417-473-6492
Niangha MD 65713		
Check one. Do you:	Relationship to Project:	
X Support	None	
Oppose	Employee	
	Legal Counsel	
Neutral	\(\) Consultant	
Other information:	Lobbyist	
and the second s	Other (explain):	e e
I attest that to the best of my belief and knowled is truthful, represents factual information, and	lge the testimony and information	on presented by me
Any person who is paid either as part of his	o in computance with \$197.326.	I RSMo which says:
chapter 105 RSMo, and shall also register with the	inutee shall register as a lobbyis	t pursuant to
every project in which such person has an inter-	ce stay of the health facilities rev	iew committee for
person, firm, corporation or association that the	also include the names and add	resses of any
named project. Any person violating the	erson registering represents in re s of this subsection shall be subj	elation to the
penalties specified in \$105.478, RSMo.	subj	eet to the
and sprange		Date , ,
10-1859(1)-ON		12/21/09
177		



Certificate of Need Program PROPOSED PROJECT BUDGET

<u>Description</u>	<u>Dollars</u>
COSTS:*	ill in every line even if the amount is "0")
1. New Construction Costs ***	s 214,140
2. Renovation Costs ***	
3. Subtotal Construction Costs (#1 plus #2)	\$ 214,140 \$ 214,140
4. Architectural/Engineering Fees	sincluded
5. Other Equipment (not in construction contract)	NA O
6. Major Medical Equipment	N/A O
7. Land Acquisition Costs ***	N/A &
8. Consultants' Fees/Legal Fees ***	NL Q
9. Interest During Construction (net of interest earned) ***	N/A or
10. Other Costs ****	NIT of
11. Subtotal Non-Construction Costs (sum of #4 through	#10) \$
12. Total Project Development Costs (#3 plus #11)	\$ 21 4 , 140
FINANCING:	
13. Unrestricted Funds	s Mto
14. Bonds	8N/+p N/+ 0 Z14,140
15. Loans	214.140
16. Other Methods (specify)	\$
17. Total Project Financing (sum of #13 through #16)	s 214, 140
18. New Construction Total Square Footage	1848
19. New Construction Costs Per Square Foot *****	115 29
	8
20. Renovated Space Total Square Footage	
21. Renovated Space Costs Per Square Foot ******	\$
* Attach additional page(s) to provide details of how each line including all methods and assumptions used.	item was determined,
** These amounts should be the same.	
*** Capitalizable items to be recognized as capital expenditures of	after project completion.
**** Include as Other Costs the following: other costs of financing; and equipment not previously used for health care services, s residential care, determined by original cost, fair market valu market value of any leased equipment or building, or the cost	; the value of existing lands, buildings such as a renovated house converted to ue, or appraised value; or the fair of beds to be purchased.
***** Divide new construction costs by total new construction squar	e footage.
****** Divide renovation costs by total renovation square footage.	- J



December 21, 2009

RE: Addition (Divider 2 section 1)

To Whom It May Concern:

Country Meadows Retirement Home located at 194 State Hwy MM in Niangua, Missouri is requesting permission to increase the size of the current building. Country Meadows is currently a 10 bed RCF and would like to increase the home to a 20 bed facility becoming a Mental Health Assisted Living facility.

Sincerely,

Tim Woodworth
Project Manager
Country Meadows Retirement Home
194 State HWY MM
Niangua, Mo. 65713
(417) 473-6740

Google maps

Get Directions My Maps

Edit this place - Business owner?

Country Meadow Retirement Home

194 State Highway Mm, Niangua, MO (417) 473-6740

Directions Search nearby more v

Category: Retirement Community

Details

Latitude: 37,4177

Additional Information: Care Given On A Personal Level, Peaceful Country Setting, 24-Hour Care, Church...

Longitude: -92.7247

Products And Services: Meals, Real

SuperPages.com, ourparents.com

More details »

Reviews

More about this place

Additional Information: Care Given On A Personal Level, Peaceful Country Setting, 24-Hour Care ...

Additional Information: Care Given On A Personal Level, Peaceful Country Setting, 24-Hour Care, Church Services Offered Customers Served: Residential Products And Services: Meals, Real Estate ...

www.superpages.com/.../Niangua.../Country-Meadow-Retirem...

Springfield Life Care Communities | Retirement Homes in Springfield, MO ... COUNTRY MEADOW RETIREMENT HOME, 417-473-6740. 194 State Highway Mm, Niangua, MO 33.2Ml from Springfield 65713 ...

www.magicyellow.com/category/.../Springfield_MO.html

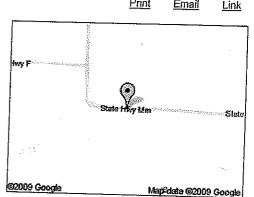
senioresidences.com: retirement communities, senior housing, assisted living, senior residences

... Select a province to view listings choose from. Senior Residences in Missouri. COUNTRY MEADOW RETIREMENT HOME NIANGUA, MO 65713. Phone: (417)473-

www.senioresidences.com/missouri.html

To see all the details that are visible on the screen,use the "Print" link next to the map.

> **Print** Email





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Alzheimer Care Facilities Find Alzheimer's Care in Your Area. Our Expert Advisors Will Help You. www.nursinghomes.com

Independent Senior Living Find Independent Senior Living Near You. Our free Service Makes It Easy www.SeniorsForLiving.com

Find Assisted Living The Most Assisted Living Choices. Free Service with No Obligation! www.AssistedLiving.com

Find Alzheimer's Care We can help you find good care. Free caregiver referral service. www.ElderCareLink.com/Alzheimers

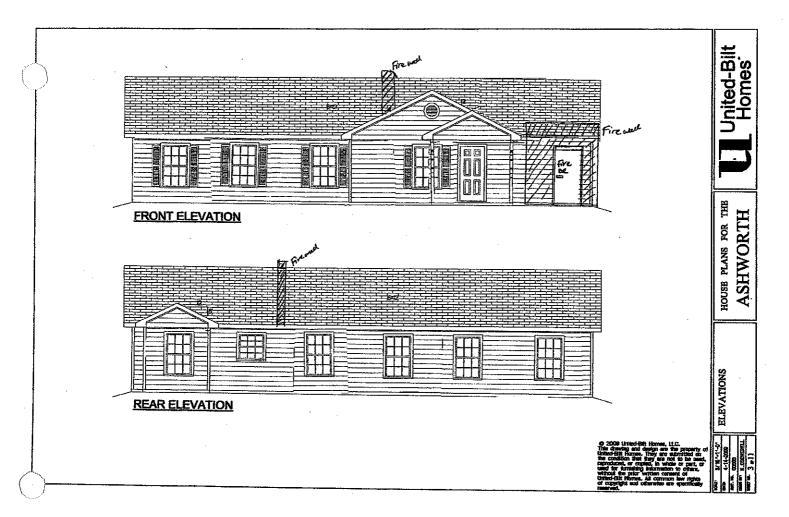
194 state hwy mm niangua missouri 65713

Search Maps

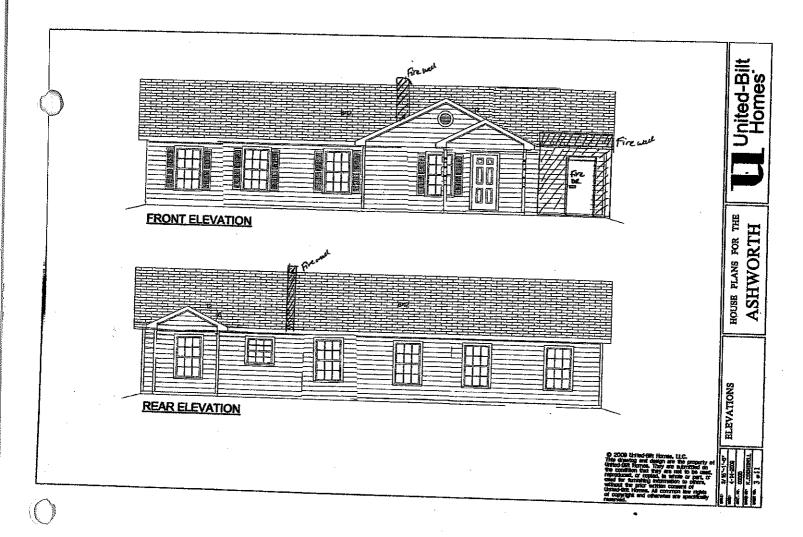
Report a problem - Edit this place - Terms of Use - Help

Google Home - Advertising Programs - Privacy - About Google

Site Plan (Divider 2 section 3)

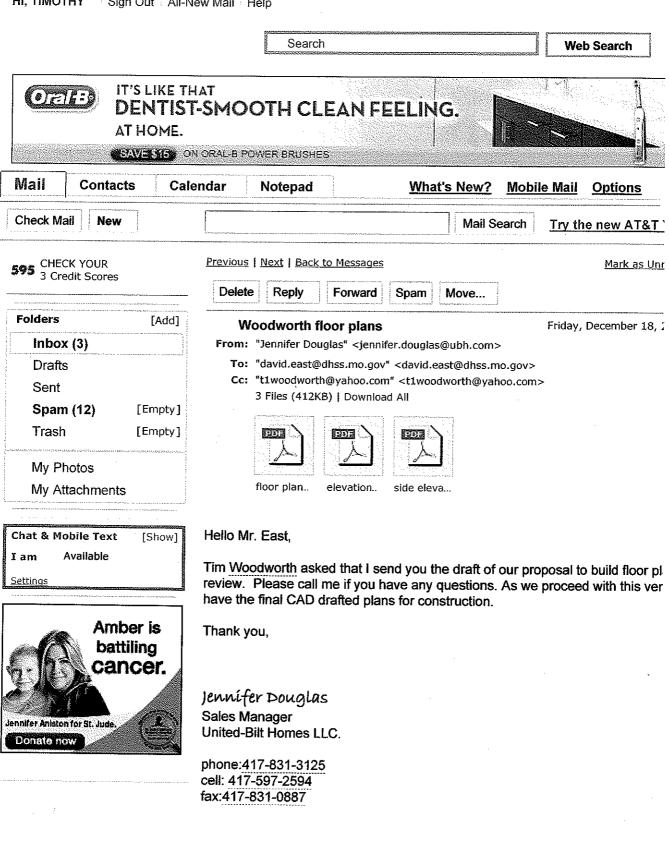


Preliminary Schematic Drawings (Divider 2 section 4)



Divider II Sec 5

Hi, TIMOTHY Sign Out : All-New Mail : Help



Forward

Spam

Move...

Reply

Delete

es :		Select Message Encoding	0000
Check Mail New		Mail Search	
	Copyright 2009 © Yahoo! Inc. Privacy P	olicy Terms of Service Send Feedback Help	



December 21, 2009

RE: Proposed Gross Square Footage (Divider 2 section 6)

To Whom It May Concern:

Country Meadows Retirement Home located at 194 State Hwy MM in Niangua, Missouri is currently proposing an increase from a 10 bed RCF to a 20 bed Assisted Living facility. The proposal would increase the current square foot to 1680.

Sincerely,

Tim Woodworth
Project Manager
Country Meadows Retirement Home
194 State HWY MM
Niangua, Mo. 65713
(417) 473-6740

Divider I Section ?

Brok 2005 Page 4976
D. 907/12/2005
T1...e 04:04:32 PM
Filed & Recorded in
Official Records of
MEBSTER COUNTY
STACY ATKISON
RECORDER OF DEEDS

MEDITAL BOWN, Manual

State	of Missou	ıri ——	S _i	ace A	Above	This Line	For Re	cord	ing Data	
	IV	IODIF	ICATION	I OF	DEE	D OF T	RUST	•		
DATE AND 07-07-2005	PARTIES		date of t						(Modificat	ion) is
GRANTO	R: MINNIE WOOD 194 STATE H' NIANGUA, MO	WORTH, TF Wy mm							D OCTOBER 31,	1996
	cked refer their sign									
TRŬSTEE	: LELAND L. GAI 3271 E BATTL SPRINGFIELD,	E FIELD , STE								
LENDER/O		IONAL BANI	K OF SPRINGFIELE]						
			G UNDER THE LAY T OFFICE BOX 37							
LEGAL DES	CRIPTION	OF P	ROPERTY.	The	legal	descript	ion of	the	property	is on

Described as:

page(s) 1

THE SE 1/4 OF THE NE 1/4 OF SECTION 7, LESS AND EXCEPT THE WEST 15 FEET THEREOF AND FURTHER LESS AND EXCEPT THOSE PORTIONS HERETOFORE, CONVEYED TO THE STATE OF MISSOURI FOR HIGHWAY PURPOSES THE NE 1/4 OF THE SE 1/4 OF SECTION 7, LESS AND EXCEPT A STRIP OF LAND UNIFORM WIDTH OF 15 FEET OFF THE ENTIRE WEST SIDE THEREOF PREVIOUSLY DEEDED FOR ROAD PURPOSES, ALL IN TOWNSHIP 31N, RANGE 16 WEST OF THE FIFTH PRINCIPAL MERIDIAN. SUBJECT TO ALL PUBLIC AND PRIVATE ROADS AND EASEMENTS.

___ of this Modification.

__ and recorded on <u>05-21-2004</u>

BACKGROUND. Grantor and Lender/Grantee entered into a Security Instrument dated

County at

instrument was recorded in the records of WEBSTER

The property is located in WEBSTER

and is indexed as (reference book and page(s) BOOK 2004, PAGE 3689

___. The Security County, Missouri

194 STATE HWY MM, NIANGUA, MO 65713

MODIFICATION. For value received, Grantor and Lender agree to modify the original Security Instrument. Grantor and Lender agree that this Modification continues the effectiveness of the original Security Instrument. The Security Instrument was given to secure the original debts and obligations (whether identified as Secured Debts, Sums Secured, or otherwise) that now have been modified. Together with this Modification, the Security Instrument now secures the following debts and all extensions, renewals, refinancings, modifications and replacements. (Include items such as borrower's name, note or contract amounts, interest rates (whether variable), maturity dates, etc.)

NOTE DATED JULY 7, 2005 IN THE ORIGINAL AMOUNT OF \$15,315.00 EXECUTED BY MINNIE WOODWORTH, INDIVIDUALLY AND AS TRUSTEE OF THE MINNIE WOODWORTH REVOCABLE LIVING TRUST, DATED OCTOBER 31, 1996

WARRANTY OF TITLE. Grantor warrants that Grantor is or will be lawfully seized of the estate conveyed by the Security instrument and has the right to grant, bargain, convey, sell, and mortgage the property. Grantor also warrants that such same property is unencumbered, except for encumbrances of record.

FUTURE ADVANCES. The Security Instrument secures all future advances to Grantor from Lender or other future obligations of Grantor to Lender, as governed by Mo. Rev. Stat. § 443.055.

CONTINUATION OF TERMS. Except as specifically amended in this Modification, all terms of the Security Instrument remain in effect.

3

If this modification is for a consumer purpose transaction the following statement regarding oral agreements applies.

Oral agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extent or renew such debt are not enforceable. To protect you (Grantor) and us (Lender) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

If this modification is for a commercial purpose transaction the following statement regarding oral agreements applies.

Oral agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Grantor) and us (Lender) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

SIGNATURES: By signing below, Grantor agrees to the terms and covenants contained in this Modification. Grantor also acknowledges receipt of a copy of the Modification.

GRANTOR: MINNIE WOODWORTH, TRUSTEE OF THE MINNIE WOODWORTH REVOCABLE LIVING TRUST, DATED OCTOBER 31, 1996

Munice Wordints (Signature) MINNIE WOODWORTH, TRUSTEE	(Date)	(Signature)	(Date)
(Signature)	(Date)	(Signature)	(Date)
(Signature)	(Date)	(Signature)	(Date)

LENDER: CITIZENS NATIONAL BANK OF SPRINGFIELD

DENNIS M. GRISHAM

•					
ACKNOW	LEDGMENT:				
	STATE OF MISSOURI	, coun	<u> ТҮ</u> ОF	GREENE	}} ss
(Individual	On this 7TH MINNIE WOODWORTH	_day of JULY, 2005	befo	re me personall to me	y appeared e known to
	be the person(s)	described in and	who executed	the foregoing i	instrument,
	and acknowledge				executed
	the same as his/her/t	heir		free act	and deed.
	My commission ex	cpires:		,	
	(Seal)		taula.	Thille	۔ سے
		((N	otery Public)	
	PAULA PHI Notary Public - N	LLIPS			
	STATE OF MI	SSOLIRI			
	CHRISTIAN CO	YTNUC			
	MY CONTMISSIV TOP	OCT 8,2005			

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PAULA PHILLIPS
Notary Public - Notary Seal
STATE OF MISSOURI
CHRISTIAN COUNTY
MY COMMISSION EXP OCT 9,2005

Bo 2004 Page 3690
Da 65/21/2004
Time 03:46:26 PM 75)
Filed & Recorded in Official Records of WEBSTER COUNTY
STACY ATKISON
RECORDER OF DEEDS

AUM FAMILY

LAWY

ASSIGNMENT OF LEASES AND RENTS

1. **DATE AND PARTIES.** The date of this Assignment of Leases and Rents (Assignment) is **May 19, 2004**. The parties and their addresses are:

ASSIGNOR/GRANTOR: Minnie Woodworth, Trustee of The Minnie Woodwoth Revocable Living Trust,

Dated October 31, 1996 194 State Hwy MM Niangua, MO 65713

LENDER/GRANTEE/ASSIGNEE: Citizens National Bank of Springfield, P. O. Box 3717, Springfield, MO 65808-3717.

2. **ASSIGNMENT OF LEASES AND RENTS.** For good and valuable consideration, the receipt and sufficiency of which is acknowledged, and to secure the Secured Debts and Assignor's performance under this Assignment, Assignor irrevocably assigns, grants, bargains, and conveys to Lender as additional security all right, title and interest in the following (all referred to as Property).

A. The term Property as used in this Assignment shall include the following described real property: [If the legal description of the Property is not on page one of this Assignment, it is on page(s)

THE SE 1/4 OF THE NE 1/4 OF SECTION 7, LESS AND EXCEPT THE WEST 15 FEET THEREOF AND FURTHER LESS AND EXCEPT THOSE PORTIONS HERETOFORE CONVEYED TO THE STATE OF MISSOURI FOR HIGHWAY PURPOSES: THE NE 1/4 OF THE SE 1/4 OF SECTION 7, LESS AND EXCEPT A STRIP OF LAND UNIFORM WIDTH OF 15 FEET OFF THE ENTIRE WEST SIDE THEREOF PREVIOUSLY DEEDED FOR ROAD PURPOSES; ALL IN TOWNSHIP 31N, RANGE 16 WEST OF THE FIFTH PRINCIPAL MERIDIAN, SUBJECT TO ALL PUBLIC AND PRIVATE ROADS AND EASEMENTS.

The Property is located in WEBSTER County, which has an address of: 194 STATE HWY MM, NIANGUA, MO 65713

- B Existing or future leases, subleases, licenses, guaranties and any other written or verbal agreements for the use and occupancy of the Property, including any extensions, renewals, modifications or replacements (all referred to as Leases).
- C. Rents, issues and profits (all referred to as Rents), including real estate taxes and other applicable taxes and all rights and claims which Assignor may have that in any way pertain to or are on account of the use or occupancy of the whole or any part of the Property.

In the event any item listed as Leases or Rents is determined to be personal property, this Assignment will also be regarded as a security agreement.

m W

Page 1



- 3. **SECURED DEBTS.** This Assignment will secure the following Secured Debts: All present and future debts from Assignor and to Lender, even if this Assignment is not specifically referenced or if the future debt is unrelated to or of a different type than this debt; and, all sums advanced and expenses incurred by Lender under the terms of this Assignment.
- 4. **PAYMENTS.** Assignor agrees that all payments required under the **Secured Debts** will be paid when due and in accordance with the terms of the **Secured Debts** and this Assignment.
- 5. COLLECTION OF RENTS. Assignor may collect, receive, enjoy and use the Rents so long as Assignor is not in default. Assignor will not collect in advance any Rents due in future lease periods, unless Assignor first obtains Lender's written consent. Upon default, Assignor will receive any Rents in trust for Lender and Assignor will not commingle the Rents with any other funds. When Lender so directs, Assignor will endorse and deliver any payments of Rents from the Property to Lender. Assignor agrees that Lender may take actual possession of the Property without the necessity of commencing any legal action or proceeding. Assignor agrees that actual possession of the Property is deemed to occur when Lender notifies Assignor of Assignor's default and demands that Assignor and Assignor's tenants pay all Rents due or to become due directly to Lender. Immediately after Lender gives Assignor the notice of default, Assignor agrees that either Lender or Assignor may immediately notify the tenants and demand that all future Rents be paid directly to Lender.
- 6 WARRANTIES, REPRESENTATIONS AND COVENANTS. To induce Lender to enter into the Loan, Assignor makes these representations, warranties and covenants for as long as this Assignment is in effect.
- **A. Authority.** The execution, delivery and performance of this Assignment and the obligation evidenced by this Assignment are within Assignor's duly authorized powers, and will not violate any agreement to which Assignor is a party or to which Assignor is or any of Assignor's property is subject.
- A. Default. No default exists under the Leases, and the parties subject to the Leases have not violated any applicable law on leases, licenses and landlords and tenants. Assignor, at its sole cost and expense, will keep, observe and perform, and require all other parties to the Leases to comply with the Leases and any applicable law. If Assignor or any party to the Lease defaults or fails to observe any applicable law, Assignor will promptly notify Lender.
- B. Lease Modification. Assignor has not sublet, modified, extended, canceled, or otherwise altered the Leases, or accepted the surrender of the Property covered by the Leases (unless the Leases so required).
- **C. Encumbrance.** Assignor has not assigned, compromised, subordinated or encumbered the Leases and Rents.
- D. Copies of Leases. Assignor will promptly provide Lender with copies of the Leases and will certify these Leases are true and correct copies. The existing Leases will be provided on execution of this Assignment, and all future Leases and any other information with respect to these Leases will be provided immediately after they are executed.
- E. Right to Rents. After default and Lender taking the appropriate affirmative action, Assignor will notify all current and future tenants and others obligated under the Leases of Lender's right to the Leases and Rents



· 7) (X

- F. Accounting. When Lender requests, Assignor will provide to Lender an accounting of Rents, prepared in a form acceptable to Lender, subject to generally accepted accounting principles and certified by Assignor or Assignor's accountant to be current, accurate and complete as of the date requested by Lender.
- G. Lease Modification. Assignor will not sublet, modify, extend, cancel, or otherwise alter the Leases, or accept the surrender of the Property covered by the Leases (unless the Leases so require) without Lender's written consent.
- H. Encumbrance. Assignor will not assign, compromise, subordinate or encumber the Leases and Rents without Lender's prior written consent
- J. **Future Leases.** Assignor will not enter into any future Leases without prior written consent from Lender. Assignor will execute and deliver such further assurances and assignment as to these future Leases as Lender requires from time to time.
- K. **Personal Property.** Assignor will not sell or remove any personal property on the Property, unless Assignor replaces this personal property with like kind for the same or better value.
- L. Prosecution and Defense of Claims. Assignor will appear in and prosecute its claims or defend its title to the Leases and Rents against any claims that would impair Assignor's interest under this Agreement and, on Lender's request, Assignor will also appear in any action or proceeding on behalf of Lender Assignor agrees to assign to Lender, as requested by Lender, any right, claims or defenses which Assignor may have against parties who supply labor or materials to improve or maintain the leaseholds subject to the Leases and/or the Property.
- M. Liability and Indemnification. Lender does not assume or become liable for the Property's maintenance, depreciation, or other losses or damages when Lender acts to manage, protect or preserve the Property, except for losses or damages due to Lender's gross negligence or intentional torts to the extent permitted by law. Otherwise, Assignor will indemnify Lender and hold Lender harmless from all liability, loss or damage that Lender may incur when Lender opts to exercise any of its remedies against any party obligated under the Leases
- N. **Insolvency**. Lender will be the creditor of each tenant and of anyone else obligated under the Leases who is subject to an assignment for the benefit of creditors, an insolvency, a dissolution or a receivership proceeding, or a bankruptcy
- 7. **DEFAULT.** Assignor will be in default if any of the following occur with regard to the Secured Debts that are secured by this Assignment:
- A. Payments. Assignor fails to make a payment in full when due.
- B. Insolvency or Bankruptcy. Assignor makes an assignment for the benefit of creditors or becomes insolvent, either because Assignor's liabilities exceed Assignor's assets or Assignor is unable to pay Assignor's debts as they become due; or Assignor petitions for protection under federal, state or local bankruptcy, insolvency or debtor relief laws, or is the subject of a petition or action under such laws and fails to have the petition or action dismissed within a reasonable period of time not to exceed 60 days.
- C. Misrepresentation. Assignor makes any verbal or written statement or provides any financial information that is untrue, inaccurate, or conceals a material fact at the time it is made or provided.
- 8 **REMEDIES.** After Assignor defaults, and after Lender gives any legally required notice and opportunity to cure the default, Lender may, at Lender's option, do any one or more of the following:
- A. Acceleration. Lender may make all or any part of the amount owing by the terms of the Secured Debts immediately due.
- **B.** Additional Security. Lender may demand additional security or additional parties to be obligated to pay the Secured Debts.
- C. Sources. Lender may use any and all remedies Lender has under the state law where the Property is located or federal law or in any instrument evidencing or pertaining to the Secured Debts.
- D. Walver. Except as otherwise required by law, by choosing any one or more of these remedies Assignee does not give up any other remedy. Assignee does not waive a default if Assignee chooses not to use a remedy. By electing not to use any remedy, Assignee does not waive Assignee's right to later consider the event a default and to use any remedies if the default continues or occurs again.
- 9 **TERM.** This Assignment will remain in full force and effect until the Secured Debts are paid or otherwise discharged.

That

Page 3



- 10 **CO-SIGNERS.** If Assignor signs this Assignment but does not sign the Secured Debts, Assignor does so only to assign Assignor's interest in the Property to secure the payment of the Secured Debts and Assignor does not agree to be personally liable on the Secured Debts. If this Assignment secures a guaranty between Lender and Assignor, Assignor agrees to waive any rights that may prevent Lender from bringing an action or claim against Assignor or any party indebted under the obligation. These rights may include, but are not limited to, any anti-deficiency or one-action laws.
- 11. **WAIVERS.** Except to the extent prohibited by law, Assignor waives all appraisement and homestead exemption rights relating to the Property.
- 12. **JOINT AND INDIVIDUAL LIABILITY AND SUCCESSORS.** Each Assignor's obligations under this Assignment are independent of the obligations of any other Assignor. Lender may sue each Assignor individually or together with any other Assignor. Lender may release any part of the Property and Assignor will still be obligated under this Assignment for the remaining Property. The duties and benefits of this Assignment will bind and benefit the successors and assigns of Lender and Assignor.
- 13. AMENDMENTS, **INTEGRATION AND SEVERABILITY**. This Assignment may not be amended or modified by oral agreement. No amendment or modification of this Assignment is effective unless made in writing and executed by Assignor and Lender.

IN WITNESS WHEREOF, the parties have executed or caused this Assignment to be executed by their duly authorized representatives.

Mignie Woodworth, Trus Revocable Living Trust,	And stee O Dated	Fine Minnie Woodworth d October 31, 1996	_ ー
STATE OF MISSOURI))) ss.	

On this 19TH day of MAY, 2004, before me appeared MINNIE WOODWORTH, TRUSTEE OF THE MINNIE WOODWORTH REVOCABLE LIVING TRUST, DATED OCTOBER 31, 1996 to me known to be the person(s) aescribed in and who executed the foregoing instrument, and acknowledged that SHE executed the same as HER free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My Commission Expires.

JUDY RHOTEN Notary Public Greene County State Of Missouri My Commission Expires May 10, 2005

TMW ____

Page 4



December 21, 2009

RE: Community Status of Retirement Home (Divider 2 section 8)

To Whom It May Concern:

Country Meadows Retirement Home located at 194 State Hwy MM in Niangua, Missouri services the population of both senior adults and the mental health community. The senior residences range in age beginning at 55+. The mental health residences range in age beginning with 20+. Country Meadows caters to needs of the residences in addition to providing meals and activities for the residences. Country Meadow provides a home environment which allows the residence all the comforts of their own home. Country Meadows is not just a facility it is a family.

Sincerely,

Tim Woodworth
Project Manager
Country Meadows Retirement Home
194 State HWY MM
Niangua, Mo. 65713
(417) 473-6740

Divider 2 section 9

I have called and retried and I have never been called back. On Tuesday December 22, 2009 with Mr Tom Piper we tried to make contact and again no response.

Tim Woodworth



December 21, 2009

RE: Specific Needs of the proposal (Divider 2 section 10)

To Whom It May Concern:

Country Meadows Retirement Home located at 194 State Hwy MM in Niangua, Missouri is currently proposing an increase from a 10 bed RCF to a 20 bed Assisted Living facility. The proposal would meet the demand of the increase need for mental health beds in Webster County. Currently Webster County has a demand for beds for residence with a mental health needs.

Sincerely,

Tim Woodworth
Project Manager
Country Meadows Retirement Home
194 State HWY MM
Niangua, Mo. 65713
(417) 473-6740



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion

Use an individual form for each affected service with ufficient number of copies of this form to cover entire and fill in the years in the appropriate blanks.)	a period.	Year	
Amount of Utilization:*			
Revenue:			
Average Charge**			
Gross Revenue			
Revenue Deductions			
Operating Revenue			
Other Revenue			
TOTAL REVENUE			
Expenses:			
Direct Expense			
Salaries	-		
Fees			
Supplies			
Other			-
TOTAL DIRECT			
ndirect Expense			
Depreciation			
Interest***			·
Overhead****			
TOTAL INDIRECT			
TOTAL EXPENSE			
NET INCOME (LOSS):			

- *** Only on long term debt, not construction.
- **** Indicate how overhead was calculated.

MO 580-1865 (08/06)

STATEMENT OF PROFIT AND LOSS

From 01/01/06 to 12/31/06 Year to Date As Sales or Income Labor or Service Sales \$ 194,137.83 100.0% \$ 194,137.83	of 12/31/06 100.0%
Labor or Service Sales \$ 194 137 83 100 0% \$ 194 137 83	
\$ 15 \\\ 15 \\\\ 15 \\\\\\\\\\\\\\\\\\\\	100.0%
Total Sales or Income 194,137.83 100.0% 194,137.83	
Operating Expense	
Payroll Expense 48,415.90 24.9% 48,415.90	24.9%
CONTRACT LABOR 1,040.50 0.5% 1,040.50	0.5%
FICA Employer's Expense 4,548.67 2.3% 4,548.67	2.3%
Advertising and Promotion 714.02 0.4% 714.02	0.4%
Employee Benefits 291.50 0.2% 291.50	0.2%
Bank Charges 12.78 0.0% 12.78	0.0%
Deprec Expense - Buildings and 2,000.00 1.0% 2,000.00	1.0%
Impovements	21070
Donations 1,405.50 0.7% 1,405.50	0.7%
PRESCRIPTIONS 4,430.00 2.3% 4,430.00	2.3%
HOSPITAL 4,995.74 2.6% 4,995.74	2.6%
Gifts 183.02 0.1% 183.02	0.1%
Food 20,725.07 10.7% 20,725.07	10.7%
Dues and Subscriptions 329.64 0.2% 329.64	0.2%
Insurance - Business 1,914.54 1.0% 1,914.54	1.0%
Insurance - Health 3,980.11 2.1% 3,980.11	2.1%
Insurance - Life 957.58 0.5% 957.58	0.5%
Legal and Accounting 826.19 0.4% 826.19	0.4%
Licenses and Fees 476,00 0,2% 476,00	0.2%
OFFICE SUPPLIES 427.52 0.2% 427.52	0.2%
PEST CONTROL 278.00 0.1% 278.00	0.1%
Postage and Deliveries 219,64 0.1% 219,64	0.1%
Repair and Maintenance - Building 14,319.91 7.4% 14,319.91	7.4%
Repair and Maintenance - Equipment 648.58 0.3% 648.58	0.3%
Supplies 22,071.50 11.4% 22,071.50	11.4%
Telephone 3,590.85 1.8% 3,590.85	1.8%
Utilities 9,524.38 4.9% 9,524.38	4.9%
VEHICLE EXPENSE 525.46 0.3% 525.46	0.3%
Property Tax 1,666.56 0.9% 1,666.56	0.9%
Total Operating Expense 150,519.16 77.5% 150,519.16	77.5%
NET INCOME OR <loss> \$ 43,618.67 22.5% \$ 43,618.67</loss>	22.5%

STATEMENT OF PROFIT AND LOSS

From 01/01/07 to 12/31/07 Year to Date As of 12/31/07						
		# 41 94194	Car to part As	one on value visual value of the second		
Sales or Income						
Products Sales	\$ 163,862.17	101.0%	\$ 163,862.17	101.0%		
Miscellaneous Sales	-1,556.68	-1.0%	-1,556.68	-1.0%		
otal Sales or Income	162,305.49	100.0%	162,305.49	100.0%		
perating Expense						
Payroll Expense	51,274.94	31.6%	51,274.94	31.6%		
CONTRACT LABOR	1,482.56	0.9%	1,482.56	0.9%		
FICA Employer's Expense	4,974.54	3.1%	4,974.54	3.1%		
Advertising and Promotion	375.57	0.2%	375.57	0.2%		
Bank Charges	185.80	0.1%	185.80	0.1%		
Car and Truck Expenses	127.83	0.1%	127.83	0.1%		
Donations	1,024.80	0.6%	1,024.80	0.6%		
PRESCRIPTIONS	4,834.92	3.0%	4,834.92	3.0%		
HOSPITAL	2,701.12	1.7%	2,701.12	1.7%		
Gifts	251.01	0.2%	251.01	0.2%		
Food	21,013.98	12.9%	21,013.98	12.9%		
Dues and Subscriptions	176.96	0.1%	176.96	0.1%		
Insurance - Health	4,421.05	2.7%	4,421.05	2.7%		
Insurance - Liability	729.00	0.4%	729.00	0.4%		
Insurance - Life	1,511.79	0.9%	1,511.79	0.9%		
Legal and Accounting	645.38	0.4%	645.38	0.4%		
Licenses and Fees	970.50	0.6%	970.50	0.6%		
OFFICE SUPPLIES	462.62	0.3%	462.62	0.3%		
PEST CONTROL	220.00	0.1%	220.00	0.1%		
Postage and Deliveries	232.09	0.1%	232.09	0.1%		
Rent - Building	394.14	0.2%	394.14	0.2%		
Repair and Maintenance - Building	11,699.15	7.2%	11,699.15	7.2%		
Repair and Maintenance - Equipment	1,993.15	1.2%	1,993.15	1.2%		
Supplies	33,835.07	20.8%	33,835.07	20.8%		
Taxes - Other	1,765.69	1.1%	1,765.69	1.1%		
Telephone	3,587.92	2.2%	3,587.92	2.2%		
Utilities	10,610.28	6.5%	10,610.28	6.5%		
VEHICLE EXPENSE	26.33	0.0%	26.33	0.0%		
otal Operating Expense	161,528.19	99.5%	161,528.19	99.5%		
NET INCOME OR <loss></loss>	\$ 777.30	0.5%	\$ 777.30	0.5%		

STATEMENT OF PROFIT AND LOSS

	From 01/01/08 to	12/31/08	Year to Date As	of 12/31/08
Sales or Income				
Products Sales	\$ 139,573.36	100.3%	\$ 139,573.36	100.3%
Refund	-396.50	-0.3%	-396.50	-0.3%
Total Sales or Income	139,176.86	100.0%	139,176.86	100.0%
Operating Expense				
Payroll Expense	46,156.44	33.2%	46,156.44	33.2%
CONTRACT LABOR	4,171.55	3.0%	4,171.55	3.0%
FICA Employer's Expense	4,826.98	3.5%	4,826.98	3.5%
Advertising and Promotion	234.73	0.2%	234.73	0.2%
Employee Benefits	50.00	0.0%	50.00	0.0%
Bank Charges	1,280.94	0.9%	1,280.94	0.9%
Car and Truck Expenses	654.93	0.5%	654.93	0.5%
Donations	492,59	0.4%	492.59	0.4%
PRESCRIPTIONS	4,742.33	3.4%	4,742.33	3.4%
HOSPITAL	3,404.41	2.4%	3,404.41	2.4%
Gifts	48.01	0.0%	48.01	0.0%
Food	18,888.83	13.6%	18,888.83	13.6%
Dues and Subscriptions	147,93	0.1%	147.93	0.1%
Insurance - Business	300.00	0.2%	300.00	0.2%
Insurance - Health	3,884.84	2.8%	3,884.84	2.8%
Insurance - Life	1,212.48	0.9%	1,212.48	0.9%
Legal and Accounting	902.33	0.6%	902.33	0.6%
Licenses and Fees	485.00	0.3%	485.00	0.3%
OFFICE SUPPLIES	74.73	0.1%	74.73	0.1%
PEST CONTROL	306.00	0.2%	306.00	0.2%
Postage and Deliveries	91.40	0.1%	91.40	0.1%
Rent - Building	30.00	0.0%	30.00	0.1%
Repair and Maintenance - Building	2,303.11	1.7%	2,303.11	1.7%
Repair and Maintenance - Equipment	45.68	0.0%	45.68	0.0%
Supplies	29,850.00	21.4%		21.4%
Taxes - Other	29,830.00 187.00	0.1%	29,850.00 187.00	0.1%
Telephone	3,747.99	2.7%	3,747.99	2.7%
Utilities	9,323.32	6.7%	3,747.99 9,323.32	2.7% 6.7%
VEHICLE EXPENSE	50.19	0.0%	9,323.32 50.19	0.0%
otal Operating Expense	137,893.74	99.1%	137,893.74	99.1%
NET INCOME OR <loss></loss>	\$ 1,283.12	0.9%	\$ 1,283.12	0.9%



December 21, 2009

RE: Methods & Assumptions used to Projest Utilization (Divider 2 section 12)

To Whom It May Concern:

Country Meadows Retirement Home came to the realization the Greene County had a shortage of beds for mental health residence after receiving countless requests to take new patients. At which time; this prompted a conversation with Burrell Mental Health department which it was stated that there was a need for more beds for mental health residents. Country Meadow Retirement Home has been assisting mental health residence for several years and found these requests to be an opportunity for expansion.

Sincerely,

Tim Woodworth
Project Manager
Country Meadows Retirement Home
194 State HWY MM
liangua, Mo. 65713
(417) 473-6740



12-15-09

To Whom It May Concern:

As Public Administrator of Webster County and legal guardian of individuals who reside at Country Meadows, I would like to share my experience and thoughts on this great facility. I have placed wards into Country Meadows since 1997. Webster County only has one other geriatric assisted facility, and Country Meadows is currently the only facility to provide care to Department of Mental Health patients.

Tim and Minnie Woodworth provide a lovely country home for individuals who need residential care. This serene environment allows residents the opportunities for quiet walks, fishing, and relaxation in an outdoor environment.

It is my professional and personal opinion that expanding Country Meadows would be beneficial to this community and would allow the Woodworths to provide needed assistance to individuals in our area.

Thank you.

Donna Hannah

Webster County Public Administrator



Pharmacy services built around you

To Whom It May Concern:

I am writing this letter to support the addition of licensed beds to Country Meadows Retirement Home located at 194 St. Hwy MM, Niangua, MO 65713. As the pharmacy provider for Country Meadows since it opened in 1987 I have personally seen the exemplary social and medical care provided to the residents by Minnie and Tim Woodworth.

Country Meadows Retirement Home fills an important role in Webster County. It is the only residential care facility that provides care to residents with mental illness. The residents at Country Meadows are seen monthly by a physician and have routine psychiatrist care also. The home like atmosphere created by Minnie and Tim Woodworth is the reason that they have residents who have been living there for over 20 years.

In our area there is a profound need for quality residential care to patients with mental illness and that is why I am pleased to recommend that the expansion of Country Meadows Retirement Home be approved.

If you have any questions or would like for me to further expand on the recommendation presented above please contact me at (417) 864-5873.

Respectfully,

Michael C. Counts, Pharm.D.

President and Owner

医动物性 化二氯甲基磺基酚 医水黄素



667 Church Street Marshfield, MO 65706 www.jvchc.com

December 1, 2009

To Whom It May Concern:

It has been my pleasure to oversee the healthcare needs to the residents at Country Meadows Retirement Home in Niangua, MO. The directors, Minnie and Tim Woodworth, as well as the support staff are attentive to the healthcare needs of each resident and provide a caring, supportive environment.

I have no reservations concerning an increase in the resident population at the Country Meadows Retirement Home.

Sincerely,

Randy Curl./MD

Jordan Valley Community Health Center

বিভারতীয় বিভাগে 1988 - উত্তর্জায়ে প্রতিপ্রতী কিলাগে**ল্যক্যে এ**ছ ইউল্টেখ্য স্টেক্সকর

Marshfield Mo

Divider 3 Section 2

We have tried to make contact with with census group and have never been contacted by them. Tim Woodworth

Divider 3 Section 3

The last ten years we have had our mental health license. The last two years we have been at 87.9 occupancy. And for 2009 we have been full all year. Every month this year we have been call by adminstrators from our county and other countys asking if we had more beds. Also Burrell Health from Springfield has been calling us and asking if we had more beds and we have had to turn them down too. So we have made the decesion to expand and grow in the mental health area.

Tim Woodworth

Divider 4 section 1

Proposed costs per square foot is \$115.87. Which is below the average. Tim Woodworth

Divides It Section 2



Member FDIC

cnbnetbank.com

December 21, 2009

Re: Ms. Minnie Woodworth (Country Meadow Retirement Home)

194 State Hwy MM Niangua, Mo. 65713

To Whom It May Concern:

At the request of Ms. Woodworth, I am happy to provide this letter of reference in conjunction with her application to expand the Country Meadow's facility. I have been Ms. Woodworth's account officer for many years, having accommodated various loans to her over the years. Those loans were all handled as agreed.

Citizens National Bank currently has a loan with Ms. Woodworth that originated May 2008. This loan is secured with subject real estate with a balance in the mid six-figure range. Repayment performance is as agreed. Accordingly, CNB would be happy to consider additional credit requests as it relates to possible expansion of the retirement facility.

Please feel free to call if you require additional information.

Sincerely,

Dennis M. Grisham

Senior Vice President

Divitor II Sec 3

Utilization

Year:	2006	2007	2008
	\$194,137.83	\$162,305.49	\$139,176.86
Projection:	2010	2011	2012
	\$170,000,00	\$200,000,00	\$280,000,00

Divider 4 section 4

We take medicade and medicare and privare pay and VA patients. We base our expenses on the patient care needs, some might need more attention then others. Some patients might need a single roon and some might be able to handle a double bed room, this will help with cost too. And also as our expenses grow we work with the patient cost so the expense won't hit the patient all at once.

Tim Woodworth

Divider 4 section 5

We do not have a medically indigent plan.

Tim Woodworth

4718594920

H&RBLOCK

PAGE 01/09

The Missouri CON Rulebook



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completio	
	ш

IUse an individual form for each affected service with a sufficient number of copies of this form to cover entire p and fill to the ways to the service of this form to cover entire p		Year	
and fill in the floars in the appropriate hardes J	2007	2008	2009
Amount of Utilization:*	3650	2920	3650
Revenue:			
Average Charge**	<u>44.42</u>	47,66	<u> 42.79</u>
Gross Revenue	162305	139177	156188
Revenue Deductions			<u> </u>
Operating Revenue			
Other Revenue		Color-Catalian Color Col	
			· · · · · · · · · · · · · · · · · · ·
TOTAL REVENUE	162305	139177	156188
Expenses:			
Direct Expense	_		
Salarics	51698	50328	55546 ·
Fees	122	148	150
Supplies	36849	48239	.48725
Other	3909	3835	3980
TOTAL DIRECT	92633	103050	108401
indirect Expense			
Depreciation	<u> 5882 </u>	6446	6250
Interest***	13550	850	2/48
Overhead****	35172	23723	24453
TOTAL INDIRECT	54609	38670	37851
total expense	147242	14/72D 0000	12 52 52 02 12 52 18
IET INCOME (LOSS):	15063	(2543) sinc	1119936A.

or other appropriate units of measure specific to the service affected must additionally additio

**** Indicate how overhead was calculated.

* Indicate di spi e spi e spinon recutor

grs a

MO 560-1668 (08/A()

page 38

FEB 12,2010 10:43

4718594920

page 1

Only on long term debt, not construction.

H & R BLOCK

PAGE 87/88

SCHEDULE C		Profit or Lo	ss F	rom Business		_ QMB No. 1545-0074
(Form 1040)		(Sole	Propr	ietorship)		
Department of the Treasur	, *	Partnerships, joint ventures, e	ta, ge	norally must file Form 1065 or	1065. B.	2009
Name of proprietor	Attach	to Form 1040, 1040NR, or 1041	, ▶ 8	sco instructions for Schedule	C (Form 1040	
MINNIE C MO	OD MAD may				Social secur	rity number (SSN)
A Principal hardweek	Stanfantian in			· · · · · · · · · · · · · · · · · · ·		6-5596
RESIDENTI	APROCESION, ME	duding productor service (see pa RETIREMENT HOM	ge C-	2 of the instructions)		le from pages C- 9, 10, & 11
C Business name, if	O SPORTATE DUST	ness namo, legve blank,	ıΕ			23000
COUNTRY M	EADOW RE	TIREMENT HOME		į		riOnumber (EIN), if any
E Business address (nciudina suite o	rroom no.) > 194 STATE	EP BAT	Y MM	4.3	-1617824
City, town or post of	fice, state, and 2			65713		
F Accounting method		Cash (2) Accrue)	131	Other (specify) >		
G Did you "materially i	articipato" in the	operation of this business during	2009	7 If "No." see name C- 3 inclimit a	n instant	. X Yes No
11 It Ann Stellied Or 900	uined this busine			The second of the second secon		X Yes No
Part in Income					<u> </u>	
1 Gross receipts or sa	ics. Caution. Sc	c page C- 4 and check the box #			The second second second second	T
# Illis income was:	eported to you o	on Form W-2 and the "Statutory e	mploye	ee"box]
on that form was a				, , , , , ,	.▶ 🔲	1 156,188.
≠ 100 are a membe	t ot a dinapped lo	int venture reporting only renfets	agi este	ite (_	_
2 Returns and allows		/ment tax. Also see page C- 3 for	limit on	losses.		
3 Subtract line 2 from						2
4 Cost of goods sold			• •	$(\mathbf{r}_{i}) \cdot (\mathbf{r}_{i}) \cdot ($		3 156,188.
5 Gross profit, Subtr	nomine 42 on p		, ,	$(\mathbf{x}_{i}) \cdot \mathbf{x}_{i} \cdot \mathbf{x}_{i})$		4
6 Other Income Incide	dise indomity in and	ie 3 I state gasoline or fuel tax credit or				5 156,18B.
7 Gross Income. Add	i Baes A and A	SPRIC BYROLLIA OLIMETERY CLEGIT OF	roning	(see page C-4)		8
Part (E Expens	ses. Enter e	expenses for business i	ise o	f vour home only on in	10 an	7 156,188.
8 Advertising		8 136.	18	Office expense) L OV.	18 59.
9 Car and truck exp	enses (see		19	Pension and profit- sharing pt	- , , ,	18 59,
		3,052,	20	Rent or lease (see page C-6);		
10 Commissions and		10	а	Vehicles, machinery, and equ		20a
11 Contract labor (se		11 7,453.	b	Other business property	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	206 :
12 Depletion		12	21	Repairs and maintenance		21 3,310.
13 Depreciation and			22	Supplies (not included in Part	III)	22 36,954.
expense deduction			23	Taxos and licenses ATTA		23 6,456.
included in Pari II			24	Travel, mesis, and ontertainm	ent:	
•		13 6,250.	8.	Travel		24a
			ь			
(other than on line 15 insurance (other)		14		entertainment (see page C-6)		24b
15 Interest	itsitticaRA), ,	15 543.	25	Utilides		25 11,343.
a Mortgage (paid to	banks etc.)	16a 7,148.	26 27	Wages (less employment cred		26 48,083.
b Other	•	16b	-	Other expenses (from line 46 of page 2)	PN	27 14,837.
17 Legal and profes				haller,		
services		17 608.	!			<i>Wixiiiiiiiiii</i>
28 Total expenses be	fore expenses fo	or business use of home. Add itne	s 8 thro	uph 27	.	28 146,252.
29 Tentative profit or ()	oss). Subtract lin	e 28 from line ?				29 9,935.
30 Expenses for busin	ens use of your h	iome, Attach Form 8829				30
31 Net profit or (loss)						
 If a profit, enter or 	both Form 104	0, line 12, and Schedule SE, line	2, pro	n Form 1040NR. Nine 13 (If you o	checked	
the box on line 1, so	opage C-7). Es	tates and trusts, enter on Form 10	141, tin	ė 3.	}	31 9,936.
* If a loss, you mus	t go to line 32.				j	
o 4 Hyou have a less, c	neck the box (ha	describes your investment in thi	s activi	ly (see page C-7).	ì	
Form 4646MB "	v. enter the loss 49 ///www.ab.ac/-	on both Form 1040, line 12, and	Schod	ulo SE, line 2, or on	l	2a All investment is at risk.
Estates and trusts.	io (n you cneck) antoren = 44	ed the box on line 1, see the line 3	ı instru	ictions on page C-7).	؛ ﴿	12b Some investment is not
• if you checked 11	h von must ette	741, line 3. ICh Form 8198. Your loss may be	ntanas - e]	atrisk.
K8A For Peterwork	gedrictiva g∿ty ≛r tva ilitigtalij	knirem 6198, tourloss may be kniice, see page C- 9 of the Inst	inviced	<u> </u>		Saladal Salama and an and an an
·	· · · · · · · · · · · · · · · · · · ·		COLION	ia,		Schedule C (Form 1040) 2009

4718594920

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			H & B BLOCK		PAGE 05/0
SCHEDULE C	100	C) Dung.			
(Form 1040)	1 200		Loss From Business	5	į
Department of the Trees.		mamble (8	ois Propriotorship)	•	OMB No. 1546-0074
THE THE REVENUE SHIVE	Attach to E	om the tolker the	iole Propriotorship) 9, etc., generally must file Form 141.	1085	1
Name of propriotor		WINT TORU, TURONIR, OF 1	s, etc., generally must file Form 141. See Instructions for Se	obeidula e (Camana)	Attachment
MINNIE C WO	ODWORTH			Carley 104	O). Sequence No. 09
~	Of Orofoppie a landada	the second second	page C-3 of the instructions)	200 titl \$800	rity number (SSN)
<u>RESIDENTI</u>	AL CAPP - 1	SPIREMENT H	page C- 3 of the instructions)	356-	<u> 56-5596</u>
workings name it	District C	TIC	OME	D Enter co	de from pages C-9, 10, & 11
					523000
				D Employe	riDnumber(EIN), If any
City, town or now or	fice state 450-	no) 194 STAT	E HWY MM	4:	3-1617824
F Accounting method	(4)	WE NUANGUA;	2MO 65773	**************************************	
G Did you malchally a	いし <u>私</u> Cas	h (2) Accius	(3) Gither (specify) a ling 2000 Air Tito "see page 0-4 6		
H If you started or occur	every term in the ober	ation of this business dur	Ing 20082 In Top Wash named		
Par Income	Titora tule bressiess on	ation of this business dur ring 2008, chieck here	when the	oritmit on losses	X Yes No
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
• This income was	es. Caution. See pag	e C-4 and check the box	ít.		
		eC-4 and check the box nW- Zend the "Statutory	Prontovers 7		
on that form was o	Pecked, or	******	ampioyee bux		1
house and a second	of a qualified joint ven	ture reporting only rental	restantion .	▶ []	1 139,177.
2 Returns and entre	to self-employments	ture reporting only rental ax. Also see page C- 4 fo	- part 62(%)6		
2 Returns and allowers	X9\$		i irrnicen lesses, J		
And the second of the second o	le i		* * * * *		2
5 Grann buttle A. I.	om line 42 on page 2)				3 139,177.
- Subtract Profit. Subtract	I fitte at feasing the and				4
o omerincoma, includi	no fadaral and a	asolhe or fuel tax credit o			3 139,177.
7 Gross Income. Add I	nessand 6	GOAMIA OF IRELISM CLOUB D	rrefund (see page C-4)		6
Pare III Expense	s. Enter expen	Ses for business			7 139,177.
8 Advertising	8	OT 325	use of your home only o	on line 30.	137111.
V Car and truck exper	763 (50e	OT 235.	TB Office expense		18 OT 75
(28ge C- 5)	ه ا	OT 2 525	19 Pension and profit-shar	nng plans	18 OT 75.
10 Commissions and fe	es 50	2,525.	ZO Rentorlease (See page	C-61:	
11 Contract labor (see)	age C-5) 11		a Vehicles, machinery, an	d equipment	20a
12 Depletion			 Uther business property 	,	
13 Depreciation and se	tion 12s		21 Repairs and maintenant		
expense deduction (nni :	L1M (22 Supplies (not included in		21 0 2,349.
included in Partill) (**************************************	· ''.	23 Texted and licenses have	TAPPEND	22 S 29,850. 23 D 6 298
C. S)		·	24 Traval, meals, and enter	withings of the state of the st	23 (2) 6,295.
14 Employee bonefit pro	13	5.446.	a Travel	· F	
(other than on line 19			b Deductible meals and	· · · <u>L</u>	24a
15 insulance (other than	 	QT 50.	entertainment (see page		
16 Interest:		300.	25 Utilities		₹4b
			26 Wages (less employment	1	25 O 9,323.
 Mortgage (paid to ball Other 	^{1ks} , etc.) . 169	8,501	27 Other expenses (from line	(cledits)	26 46,156.
	16b		Page 2)	C480N	
See tord brotesticiti	at f		PTMV Zj	22	28,683.
servicos		902	1 5	- W	
28 Total expenses before 29 Tentative profit or (lose)	expenses for busines	A see a start State surrey and	A their an ex		
			o and ogn Zr	► <u> :</u>	141,720.
Tespinates to Dusiness I	SO Of Warr bases Alf-	LE MANTE LE LA COMPANIE DE LA COMPAN			(2,543.)
to any or through 20	つれまたとうみん マハ シュニュ ヒュュ		A STATE OF THE STA		10
" ~ Prom, enter on boll	From 1846 Bus 40				
the box on line 1, see pa	Je C- 7). Estatos anni f	fusts enter an Carry sa	, or on Form 1040NR, line 13 (if y	ou checked	
" (F8 103E, VD) i financi no s	te flore An		i mie e.		(2,543.)
32 If you have a loss, check	the havehat dance.	TANNA CALLANDE		'	
 If you checked 32a, on 	et the losson has r-	a your investment in this (ichvity (see page C- 6).		
Form 1040NR, Hne 13 (II	YOU Checked the how	a 1940, 1119 12, 800 Sé	itedulo SE, line 2, or on hatractions on page C-7).	32a	X All investment is at risk.
Estatos and trusts, enter	30 Porm does 11 - n	an unse stude the NVG 3.1	hatructions on page (C-7).	> 326	Como (nun en en en
# If you checked 32h uni	I Marcad with the Property			320	Some investment is not at risk.
(BA For Paperwork Rodu	rtion Act No.41	196, Your loss may be lin	ited.	.1	
· · · · · · · · · ·	wow wer IADIIGE' 266	page C-9 of the instruc	tions,		
				8c	hadule C (Form 104m 2008

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PAGE 04/08

33	Method(s) used to	556-56-5596 Page
_	value closing inventors:	
34	Was there any change in determining quantities, costs, or valuations between opening and classical inventors?	Other (attach explanation)
		Yes No
35	inventory at beginning of year, if different from last year's closing inventory, attach explanation	land .
38	Purchases less cost of items withdrawn for personal use	45
		36
•	Cost of labor. Do not findude any amounts poid to yourself	. 37
38	Materials and supplies	70
39	Other costs 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
40		39
	Add lines 35 through 39	. 40
47	Inventory at end of year	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.	. 41
中省代	Information on Your Vehicle, Complete this part only if you are claiming car or line 9 and are not required to file Form 4562 for this pusible of the file Form 4562 for the file Form 4562	42
	line 9 and are not required to file Form 4562 for this business. See the instruct	iruck expenses on ions for line 13 on page
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to our head
43 V	When did you place your vehicle in service for basiness purposes? (month, day, vehic)	
44 (Of this total number of miles you descent	
	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:	
a B	b Commuting (see instructions) c Other	
45 D	b you (or your spouse) have another unhido swelled -	
	htt 1 45 c	Yes No
	Vas your vehicle available for personal use during off-duty hours?	Yes No
17a D	loyou have evidence to support your deduction?	——————————————————————————————————————
P H	Yes is the evidence written?	Ye9 No
Part	V. Other Expenses, List below business expenses not included on lines 8-26 or in	Yes No
<u>door</u>		
****		S 21,014.
oves		F 177.
OST	AGE	_
'ELE	PHONE	D 232.
		0 3,229.
EST	CONTROL	230
ANK	CHARGES	220.
	The second secon	<u>O 1,86.</u>
· · · · · · · · · · · · · · · · · · ·		
4B Tot	tal other expenses, Enterhere and on page 1, line 27	48 25.058
	fr C (2007) Vora Copyright 1996 - 2000 H&R glock Tan Services, Inc.	48 25,058. Schedule C (Form 1040) 2007

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PAGE 03/08

SCHEDULE C (Form 1040)	200	מ	Profit or L	oss From Business		1	OMB No. 1845, 0074
	200		(So	le Proprietombia:		ľ	- DIVIN ND, 1846, 0074
Department of the Treasury Internal Royanne Service (SP)	P Attack	r Instal	arnersnips, jointvent	ures, etc., must file Form 1065 or 1065	-B.		*#
Name of proprietor	- Marie	TOLDI	711 1040, 1040NR, of 104	11. See Instructions for Schedule	C (Form 104	10).	Affachment Sequence No. 09
MINNIE C WOOD	עיים הש				Social sec	uriky na	Imber (SSN)
A Principal business or or	Olessian incl	udina	Armeliant an annulas de	page C-2 of the instructions)	556-	<u> 56-</u> :	5596
RESIDENTIAL.	FABR.	uuniy Tot	FIREMENT HO	page C-2 of the instructions)	B Enterce	de fro	mpages C-8,9,8 10
C Business name, If no se	Potentia Nuesta	2000	TIKEMENT HO	Mis		6230	000
COUNTRY MBAI	Daile Cuaire Daile Cuaire	700 CC 7 To 17 F	Wite leave Diank		D Employ	orlDat	umber (EIN), if any
E Business and one /in the	Mineral I	TKI	EMENT NOME				17824
E Business address (inclu	iowa shab ou	room	70) - <u>194 STAT</u>	E HWY MM			
F Accounting method;	(1) 12	Cank	NIANGUA:	MO 65733			
G Did you "materially assets	rinale v sve 	₩350	(4) La Accival	(3) Other (specify)			
H If you started or acquired	Athinkustee	opera	non of this business duri	13) Uner (specify) Committee page C-3 for limite	n iosses		X Yes No
Part I Income	T (UTS-COSHIES	-s auri	ual your, check here	Street Street	-		
1 Gross receipts or orien							
Employee box on that for	Caution. If thi	is inco	me was reported to you	on Form W-2 and the "Statutory		T	
2 Returns and allowances		AEU, S	ee pago C- 3 And check	nere	, 🟲 🔲	1	162,305.
3 Subtract line 2 from fine		• •		the state of the state of		2	
4 Cost of goods sold (from		, ,		and the second of the second		3	162,305.
5 Gross profit, Subtract lk	ina 44 mili	ige 2)	· · · · · · · · ·			1	
6 Other Income Including	печтот ипе	3,				5	162,305.
 Other Income, including Gross income, Add line 	regeraland s	tato ge	acolina of flighter credit o	refund (see page C=3)		6	
THE PROPERTY OF THE	S D KN KG G					7	162,305.
Advertising .	Litter ex	pen	ses for business	use of your home only on li	ne 30.		
Gar and truck expense		-8	0 376	18 Office expense		18	OT 463.
Page C-4)	18 (SBB	١.		19 Pension and profit-sharing pl	ans	19	
10 Commissions and fees			OT 2,425.	20 Rent or lease (see page C- 5);			
11 Contract laboration and	,	10		a Vehicles, mechinery, and egu	ipmant	70a	
www. wood (366 bbl	ge C-4)	_11_	1 1,483.	b Other business property		20b	D 394.
- Dobiction		12		21 Repairs and maintenance		21	Ó 13,692.
- abut are up to the Mary MACHI	on 179			22 Supplies (not included in Part	(目)	22	\$ 15,835.
expense deduction (no	ot			23 Taxes and licenses ATTA	CHMENT	23	0 6,946.
hickuded in Part III) (se	ie	; ,	·	24 Travel, meals, and entertaining	ent" :		
page C- 4)	• • • •	_13	<u>√ 5,882.</u>	a: Trave	nyrenge L	24a	
4 Employee benefit prog	rams /	ļ		b Deductible meals and		1	
(Other than on line 18)		14		entartainment (see page C-6)		246	
THE PERSON NAMED IN STREET	realth)]5	<u> 729.</u>	23 Utilities		25	0 9,549.
	ŀ	MA		26 Wages (less employment ared	lits)	25	50,215.
Mortgage (paid to bank Other	(s, etc.)	16a	<u>v 13,550.</u>	27 Other expenses (from line 48 of	חכ		
	• • • •	18b		page 2)		27	25,058.
2- min hingstolft	l						
services	<u></u>	17	OT 645.				
6 Total expenses before e	xpenses for b	usine	ss use of home. Add line	នចិងកាលgh 27 in columns , , , ,		28	147,242.
9 Tentative profit (loss). Sut	otract line 28	from il	ne7.			29	15,063.
C Expenses for business us	e of your hon	ne. Alt	ach Foitil 8825	and the second s		30	
1 Net profit or (loss). Subti	ract line 30 fro	om line	e 29 .				
Tira profit, enter on both	Form 1040, i	ine 12	t, and Schedule SE, line	2 of on Form 1003NR, line 13 (statuto	, vi		
autholicoz sec bade C.	(), <u>#\$(0</u> 105 an	d trus	is. enter on Form 1841, ii	ле 3.	,	31	15,063.
 If a loss, you must go to 	line 32.						
2 If you have a loss, chock t	he box that d	escrib	es your investment in thi	sactivity (see page C- 7).	- -		
II JAA CHOCKOO 259' BUM	er the loss on	both i	FO/In 1840, line 12, and .	Schadula Off Han 2 open	3	32a 「	All Investment is at risk.
COLUMN CHARGE STATE AND	atutory emplo	yees.	, see page C- 7). Estates	and trusts, enter on Form (041,	i.	286	Some investment is not
MIC 3,							at risk,
f you checked 32b, you	must attach	Form	6198. Your loss may be	imited.			
BA For Paperwork Reduc	tion Act Not	łce, w	oc page C-8 of the inst	ructions.		Schee	dule C (Form 1040) 2007

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PAGE 08/08

_	HEALTH Cost of Goods Sold (see page C-8)	556	-56-559	6 Page
32	Method(s) used to value closing inventory. D Cost b Lower of cost or market c		· property of the party of the	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attack explanation		r (attach explai	tation)
35	Inventory at beginning of year, if different from last year's dipsing inventory, attach explanation			∭.No
36	Purchases less cost of items withdrawn for personal use		***************************************	
37	Cost of labor. Do not include any amountapaid to yourself			7 1
38	Materials and supplies			
39	Other costs			
40	Add lines 35 through 39		THE WAY IN COMME	·
41	Inventory at end of year		~~	
42	Cost of goods sold. Subtraction 41 from line 40. Pater the results	1 1		*************
Pai	Information on Your Vehicle. Complete this part only if you are claiming car or line 9 and are not required to file Form 4562 for this business. See the instruct C-5 to find out if you must file Form 4562.	truck e	xpenses o r line 13 o	n n page
43	When did you place your vehicle in service for business purposes? (month, day, year)	ı		
44	Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for.			
ā	Business Commuting (see instructions) Commuting Commutin			
45	Was your vehicle available for personal use during off-duty hours?			—
46	Do you (or your spouse) have another vehicle available for personal use?		C9	∐No
47 ₈	Do you have evidence to support your deduction?		. <u> </u>	No
_	18 men was a service of the service		, [] Yes	∐Ne
Par	tV Other Expenses. List below business expenses not included on lines 8-26 or li	ne 30.	Yes	No
FOC	<u></u>		11,	771.
DÜ	S			150.
Pos	TAGE			8.
TEI	EPHONE		1,	226.
PES	T CONTROL			338.
<u>Ban</u>	K CHARGES		1,	225.
TRA	INING			125.
			•	
48	Total other expenses, Enter here and pages 1, line 27			
	Sch C (2008) Olivare Convinti 1986 - 2015 NR 7 - FDC, 2V1.9	\$ched	14 . ule C (Farm 10	837. 40) 2009

page 8

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PAGE 06/08

33	PRINT Cost of Goods Sold (see page C-8)	<u>56-56-5596 Pago</u>
	Mothod(s) used to	
34	Was there any change in determining a property b Lower of cost or market c C	ther (attach explanation)
	If "Yos," affect explanation	(
36	frunches	Yps N
	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	is 1
36	Purchases loss cost of items withdrawn for personal use	
37		18
47	Cost of labor. Do not include any amounts paid to yourself	7
38	Materials and supplies	
39	Materials and supplies Other costs	9
J O	Other costs	9
40	Add lines 35 through 39	
		0
41	Inventory at end of year	, }
42	Cost of goods sold. Subtractiles 44 forming 40 Entrates	
Pät		2
	line 9 and are not required to file Form 4562 for this business. See the instructions C-5 to find out if you must file Form 4562.	Cexpenses on
	C-5 to find out if you must file Formi 4562.	to mic to on page
43	When did you place your vohicle in service for business pulposes? (month, day, yewr)	
44	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:	
	·	
	Business b Commuting (see instructions) c Other	
46	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours?	Yes No
46 46	Business b Commuting (see instructions) c Other	. Yes No
46 46	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours?	Yes No
45 45 47 ₉	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vahicle available for personal use? Do you have evidence to support your deduction?	Yes No
46 46 179	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vahicle available for personal use? Do you have evidence to support your deduction?	Yes No
46 46 479 6	Business b Commuting (see instructions) o Other Waxyour vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vehicle admitable for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? Way Other Expenses, List below business expenses not included on lines 8-26 or line 30	Yes No
46 46 479 b	Business b Commuting (see instructions) o Other Waxyour vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vehicle admitable for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? Way Other Expenses, List below business expenses not included on lines 8-26 or line 30	Yes No
46 479 Pari	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vahicle resideble for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? To Other Expenses. List below business expenses not included on lines 8-26 or line 30	Yes No Yes No Yes No 1 4889
46 46 479 Pari	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vahicle registable for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? TVI Other Expenses. List below business expenses not included on lines 8-26 or line 30	Yes No
46 46 479 Pari	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vehicle registable for personal use? Do you have evidence to support your deduction? Was justine evidence written? Will Other Expenses. List below business expenses not included on lines 8-26 or line 30 D S TAGE	Yes No Yes No Yes No 1 48.
46 46 47a B Pari	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vahicle available for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? TWO Other Expenses. List below business expenses not included on lines 8-26 or line 30 D S TAGE	Yes No Yes No Yes No 198 No 18,889 148
46 46 479 Pari	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vahicle realisable for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? TAGE TAGE EPHONE	Yes No Yes No Yes No 1 48.
46 46 479 Pari	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-dety hours? Do you (or your spouse) have another vahicle available for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? TWO Other Expenses. List below business expenses not included on lines 8-26 or line 30 D S TAGE	Yes No Yes No Yes No 1 48. 0 91. 0 3,748.
46 46 479 B PAPI POOUB	Business b Commuting (see instructions) c Other Was your vehicle available for personal used uring off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? TO Other Expenses, List below business expenses not included on lines 8-26 or line 30 B TAGE EPHONE TONTROL	Yes No Yes No Yes No 0. 18.889 148 0 91. 0 3.748 0 306
FOODUE PAN	Business b Commuting (see instructions) c Other Was your vehicle available for personal use during aff-duty hours? Do you (or your spouse) have another vehicle statistic for personal use? Do you have evidence to support your deduction? If Yes, is the duidence written? TO ther Expenses. List below business expenses not included on lines 8-26 or line 30 S TAGE EPHONE CONTROL K CHARGES	Yes No Yes No Yes No 1 48. 0 91. 0 3,748.
45 46 479 Par	Business b Commuting (see instructions) c Other Was your vehicle available for personal used uring off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If Yes, is the evidence written? TO Other Expenses, List below business expenses not included on lines 8-26 or line 30 B TAGE EPHONE TONTROL	Yes No Yes No Yes No 198 No 0 18,889 148 0 91. 0 3,748. 0 306.
45 46 479 Pari	Bushess b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle addition? Do you have evidence to support your deduction? Was jisthe evidence written? Will Other Expenses. List below business expenses not included on lines 8-26 or line 30 S TAGE EPHONE F CONTROL K CHARGES TRACT LABOR	Yes No Yes No Yes No 0. 18.889 148 0 91. 0 3.748 0 306 0 1,281.
FOODUE PAN	Bushess b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle addition? Do you have evidence to support your deduction? Was jisthe evidence written? Will Other Expenses. List below business expenses not included on lines 8-26 or line 30 S TAGE EPHONE F CONTROL K CHARGES TRACT LABOR	Yes No Yes No Yes No 198 No 0 18,889 148 0 91. 0 3,748. 0 306.
Paris	Bushess b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle addition? Do you have evidence to support your deduction? Was jisthe evidence written? Will Other Expenses. List below business expenses not included on lines 8-26 or line 30 S TAGE EPHONE F CONTROL K CHARGES TRACT LABOR	Yes No Yes No Yes No O S 18,889 D 306 O 1,281 W 4,172
PAN	Bushess b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle addition? Do you have evidence to support your deduction? Was jisthe evidence written? Will Other Expenses. List below business expenses not included on lines 8-26 or line 30 S TAGE EPHONE F CONTROL K CHARGES TRACT LABOR	Yes No Yes No Yes No O S 18,889 D 306 O 1,281 W 4,172

Country Meadow Retirement Home

Existing Beds For 10 Beds

2006 2007 3103 Days 3650 Days used used 2008 2920 Days Used 2009 3650 Days Used

2010 Jan - June 10 Beds 3650

> July - Dec 20 Beds 1000

To tal 4650 Days used

Future 20 Beds .

2011 5475 Days Used 7300 Days used

2013)300 bays used

Tim Woodworth

February 4,2010

Square feet-

The total of the new square feet of the new addition is 1680 sq feet.

The total of the current building is 2085 sq feet.

Total for the entire Country Meadow Retirement Home will be 3765 sq feet.

RCF-

The new addition of 10 RCF beds will make Country Meadow Retirement Home a 20 RCF bed facility.

0193

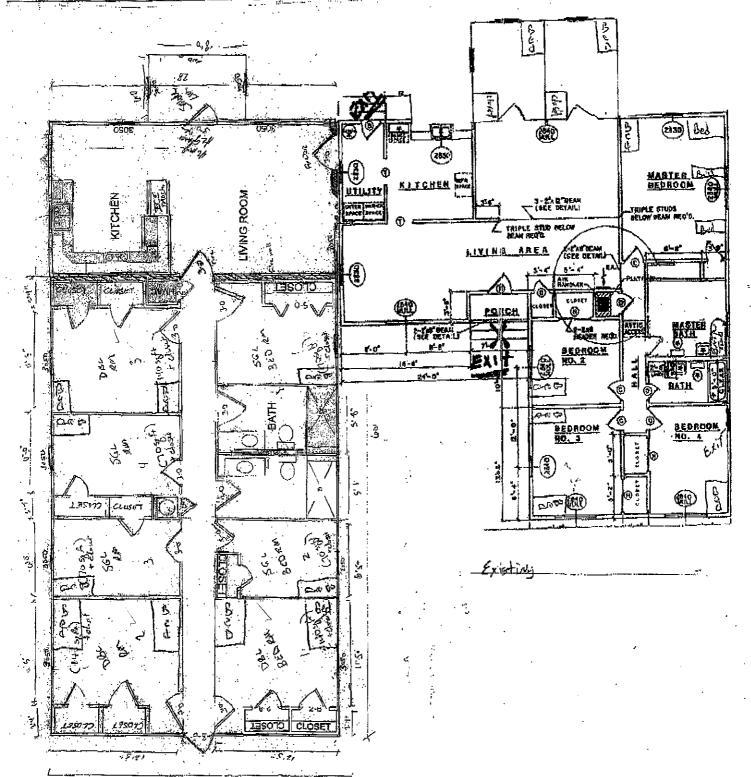
194 state hwy mm niangua missouri 65713 - Google Maps

Page 1 of 1



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HOUSE PLANS FOR THE



wew oddition

